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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

72ND ANNUAL SESSION OF C.M.A.: OFFICIAL PROCEEDINGS

Verdict Concerning the Session was Most Favorable.—Gratifying in recollection are the memories of the two-day streamlined annual session, held this year in Los Angeles, on Sunday-Monday, May 2nd-3rd, with headquarters at Hotel Biltmore. Pessimistic prognostications by some members that the attendance would be extremely small were proven erroneous by the fact that 1,184 physicians signed registration cards. The Woman's Auxiliary was credited with a registration of 134; and at the "Dinner to the C.M.A. President," on Sunday evening, a total of 934 physicians and guests were seated.

* * *

Keynote of Meetings was Military Medicine.

—In the general and section meetings, topics related to military medicine were emphasized. So also as regards the scientific exhibits, where the displays by the United States Navy and Army, American Red Cross, California Office of Civilian Defense, and allied activities were visited by nearly all who were present. The films loaned by the Navy and the University of California were likewise most interesting.

A pleasing episode at the first general meeting was the presentation of a check for \$1,000.00 to the Physicians' Benevolence Fund by the Woman's Auxiliary; which will hereafter receive further support from the State Association through the yearly allocation of one dollar from each active member's dues.

Consensus of opinion by physicians and also by section officers was that the meetings were informative, stimulating and most worth-while.

* * *

Official Proceedings.—As in the past, the House of Delegates held two sessions; and the C.M.A. Council convened for business at four different times. Elsewhere in this issue appear the minutes of the meetings, with the exception of proceedings when the House was in executive session. Many matters of vital importance to the interests of the medical profession and public health were taken up. Members are urged to at least scan the minutes because it is desirable, in times such as the present, that all physicians be alert to impending changes in practice. The black face headings of resolutions and subjects which were under discussion make it easy to pick out for more careful perusal, items that may have special interest. (See pages 345-366.)

Data suggesting this anachoretic theory have been recently summarized in American literature.¹ As a typical example of such data, a single tuberculous nodule was found in the spleen of a rabbit previously inoculated with attenuated bovine tubercle bacilli. This nodule contained both viable tubercle bacilli and *Pasteurella caniculeseptica*, which latter organism was demonstrable in no other tissue of the tuberculous animal. Numerous data of this type pointed to the conclusion that "microorganisms of all types are drawn to" the tuberculous nodule due to the process of "anachoresis." Similar anachoretic mobilization can be demonstrated with other local inflammatory lesions. For example, Robinson and Boling² have described an "anachoretic pulpitis," due to the elective localization of naturally acquired infections in the irritated pulps of teeth.

Destruction of locally mobilized microorganisms within the anachoretic nodules was noted in calves previously inoculated subcutaneously with B.C.G. These calves were resistant to experimental *pasteurella* infections, which proved fatal to non-vaccinated calves.³ A similar anachoretic immunity was deduced from the lowered morbidity and mortality to experimental foot-and-mouth disease⁴ and *B. abortus* infections in B.C.G. vaccinated guinea pigs.⁵ Vaccinated guinea pigs when deprived of their tuberculous nodules lost this collateral panimmunity. Transplantation of the excised nodules into normal guinea pigs immediately increases their resistance to *B. abortus* and other infections.⁶ Extirpation of the primary nodule is also followed by an immediate loss of required resistance to tuberculosis.⁷ Ascoli believes that a large part of the acquired resistance to tuberculosis is thus attributable to the "cleanser" effect of the primary tuberculous nodule.

Ascoli and his associates have subsequently repeated these extirpation and transplantation experiments on calves. In one experiment, a four-months'-old calf was inoculated subcutaneously in the dewlap with a viable tuberculosis vaccine with the resulting formation of two hard, painless nodules, each about one inch in diameter. Nine days later the two nodules were removed and each transplanted into the dewlap of a normal calf. As soon as the surgical incisions had healed, the two recipients, together with the donor, and a normal control were each injected intravenously with 0.1 mg. doses of highly virulent bovine tubercle bacilli. Five months later, the four calves were slaughtered. Miliary tuberculosis was demonstrated in the lungs and thoracic lymph nodes of the control calf. In the calf from which the vaccinal nodules had been removed, there was an enlargement of the thoracic and pharyngeal lymph nodes in which, however, specific tuberculous lesions could not be demonstrated. In the two calves receiving the tuberculous nodule, the thoracic organs were wholly free from tuberculous manifestations. Total thoracic resistance to intravenously injected virulent tubercle bacilli, therefore, was apparently effected by the anachoretic ingraft in the two normal calves.

Anachoretic phenomena also apparently play a rôle in experimental syphilis. Brown and Pearce⁸ found an aggravation of experimental syphilis in rabbits following removal of the primary testicular lesion.

Evidence that a primary tuberculous, syphilitic, or other local inflammatory nodule may serve as effective panimmunity mechanism is, therefore, fairly conclusive. Ascoli's hypothesis that "microorganisms of all kinds are drawn to" such inflammatory foci and are there destroyed by the local cellular defenses, however, is still controversial. It would seem to be equally plausible to assume that the local inflammatory nodules give off non-specific hormones (or necrotic products) stimulating (or activating) cytological defenses in other parts of the body. This second explanation, which is now under investigation in American laboratories, would be of wide practical clinical interest.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

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FORTIETH ANNUAL SESSION OF THE H. OF D. HOTEL BILTMORE, LOS ANGELES, SUNDAY, MAY 2ND AND MONDAY, MAY 3D

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lower descending colon with obstruction of the colon in the sigmoid. Diagnosis diverticulosis with abscess formation and obstruction. May 11, 1933 exploration was done. A large irregular mass was encountered in sigmoid colon. On account of age, no loss of weight. A caecostomy with drainage was done. Following drainage the mass and the obstruction cleared up, and the caecostomy closed itself. Patient has been well since. Follows diet and ambulatory treatment closely.

CASE 4.—Mr. P. S., male, age 46, married, oil field engine man, strong, fat, robust male. Operation for chronic right olecranon bursitis, 1939. Repair of left inguinal hernia and second repair in 1924. Present complaint acute pain in lower left abdomen, requiring morphine sulfate grains one-half and sedative by mouth six grains. Tenderness and rigidity lower left abdomen with nausea, no vomiting. X-rays of the kidneys, ureter, and bladder negative. Barium enema shows obstruction in the lower descending colon with diverticulosis. Leucocytosis 15,400. Urine negative. Diagnosis of multiple diverticulosis with obstruction of the lower descending colon. Exploration revealed peridiverticulitis. Caecostomy with drainage was done and one year later obstruction was relieved. Ambulatory treatment carried out, and patient is working hard each day in oil field and general health is good.

COMMENT

Diverticulosis and diverticulitis is a common condition, existing in a large percentage of the general population, 5-15 per cent. About 5-10 per cent develop complications, and 12-20 per cent require surgical intervention. These diverticula do not exist at birth, occur in the fourth, fifth, sixth, and seventh decades of life. They are produced by many extraneous factors, such as obesity, constipation, flatulency, weakness in the longitudinal muscles fibers of the colon, and many others that we know very little about. Most patients can be well-handled on a smooth diet, high caloric in value for needs, enema to keep lower bowel evacuated, and Metamucil number 2, mineral oil, or any other soft oily preparation by mouth. These patients must always watch their diet and be educated to watch for anything that might develop in the way of complications. After the diverticula once develop, there is no way of eliminating them unless only a single diverticula exists, which can be excised. Resection of the color or the area involved may give good results.

1052 West Sixth Street.

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Infantile Paralysis.—The National Foundation for Infantile Paralysis and the University of Michigan have joined in a long-range program for the training of doctors, public health workers and laboratory technicians to study infantile paralysis and other virus diseases.

This program, which has been developing for three years, will be expanded to its full scope about June 1 when the University opens its new three-story building for its School of Public Health at Ann Arbor, Mich.

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CALIFORNIA MEDICAL ASSOCIATION, FOUR FIFTY SUTTER, SAN FRANCISCO

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Sequence of Subheads in Index

- This index is arranged under the following headings:
- I. Authors.
 - II. Subjects—Titles of papers.
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 - (a) Official Notices, Minutes, Committees.
 - (b) Woman's Auxiliary.
 - (c) California Physicians' Service.
 - (d) Deceased Members.
 - V. Miscellany.
 - VI. Books Received and Books Reviewed.

Key to Abbreviations in This Index

- Or.—Original Article (Scientific and General).
C. R.—Case Report (Clinical Notes).
Ed.—Editorial.
E. C.—Editorial Comment.

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American Medical Association Quarterly Cumulative Index

Members who wish to consult a general medical index are referred to the *Quarterly Cumulative Index* of the American Medical Association.

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C. R.—Case Report (Clinical Notes).
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